the specification of which





COPY OF PAPERS ORIGINALLY FILED

FOR A PATENT APPLICATION

INVENTORSHIP IDENTIFICATION

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below, next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

LOCATION-BASED SELECTION OF RADIO CONTENT SOURCES

SPECIFICATION IDENTIFICATION

is attached h		
XX was filed on	August 24, 2001	
United States	Application <u>09/938,812</u>	
	national Application Number	

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claim(s), as amended by any amendment referred to above.

I acknowledge the duty to disclose all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56.

PRIORITY CLAIM (35 U.S.C. § 119(a)-(d))

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119(a)-(d), of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Appl	ication(s)		Priority <u>Claimed</u>	
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No
I hereby claim the benefit states provisional appl		nited States Code, Section 119(6 w	e) of any I	United
	(Application Number)	(Filing Date)		
(Application Number)		(Filing Date)		
of Federal Regulations, prior application and t	he national or PCT in	became available between the functional filing date of this a	pplication	1:
(Application Number)	(Filing Date) (Status - patented, per	nding, aban	doned)
	POWER	R OF ATTORNEY		
Robert A. Diehl, Reg. N No. 45,890; Raymond	lo. 40,992; Jason K. I J. Werner, Reg. No. 3 and revocation, to pr	eg. No. 35,432; Robert H. Chan Klindtworth, Reg. No. 47,211; R 34,752 as my patent attorney/a osecute this application and to tted herewith.	Robert T. V gent; wit	Watt, Reg. h full
Send correspondence t	o:	Direct telephone calls to: (Name and telephone number)		
COLUMBIA IP LAW GI 4900 SW Meadows Ro Lake Oswego, Oregon	ad, Suite 109	Raymond J. Werner 503-534-2800		

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Sole/Fir	st Inventor: Charles Lelievre		
Inventor's Signature:	26	Date:	10/23/01
Residence: Westpo	ort, Connecticut	Citizenship:	USA
	(City, State)	_	(Country)
Post Office Address:	7 Belden Place		
	Westport, Connecticut 06880		
Full Name of Joint/Se	econd Inventor: Raymond J. Weri	ner	
Inventor's Signature:	Charles I Tomas	Date:	
Residence: Portlan	d, Oregon	Citizenship:	USA
	(City, State)	_	(Country)
Post Office Address:	3235 NW 132nd Place		
	Portland, Oregon 97229		
Full Name of Joint/Th	nird Inventor:		
Inventor's Signature:		Date:	
Residence:		Citizenship:	<u> </u>
	(City, State)		(Country)
Post Office Address:			
Full Name of Joint/Fo	ourth Inventor:		
Inventor's Signature:		Date:	
Residence:		Citizenship:	
	(City, State)	_	(Country)
Post Office Address:			
Full Name of Joint/Fi	fth Inventor:		•
Inventor's Signature:		Date:	
Residence:		Citizenship:	
- 148	(City, State)	·	(Country)
Post Office Address:			